

# North Carolina Department of Agriculture & Consumer Services

Animal Welfare Section/Veterinary Division

1030 Mail Service Center

Raleigh, NC 27699-1030

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## License Application / Renewal Application to operate as the following:

### Check one

- ☐ New license  
☐ Renew a license

### check all that apply

- ☐ Public Animal Shelter (no fee for license)  
☐ Private Animal Shelter (no fee for license)

Facility license #

Name of facility

physical address

city  NC ZIP code  County

### mailing address (if different from physical address)

mailing address

city  NC ZIP code

phone number  fax number  email

### Owner Information

Name of owner

owner's address

city  State  ZIP code

### Information about the facility

cleaning hours

Days open to the public (check all that apply)

hours open to the public

- ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday  
☐ Friday ☐ Saturday ☐ Sunday

# of dog enclosures  maximum # dogs on-site

# of cat enclosures  maximum # cats on-site

Signature of owner or authorized agent \_\_\_\_\_ date \_\_\_\_\_

## Annual Program of Veterinary Care

**PURPOSE:** This form is to be used for documenting the program of veterinary care in facilities required to be licensed/certified under the Animal Welfare Act. Items below are to be completed with the assistance of a veterinarian licensed in NC. If space is not adequate, use the back of this page or attach additional page(s). This form must be signed by the owner or manager of the facility and the veterinarian.

Name of facility

Facility license #

### Veterinarian's Information

Name of Veterinarian

Veterinarian's NC license #

address

City

NC

ZIP Code

Phone Number

### 1) Disease Prevention and Control

*Enclosures and exercise areas must be cleaned at least twice daily. Describe your procedures for disinfecting the following: primary enclosures, exercise areas, feed & water bowls and bedding (if provided).*

### 2) Vaccination & Parasite Control

*Current rabies vaccination is required for all dogs and cats 4 months of age and older. List any other vaccinations you require, specifying the age and species of the animal.*

Owner/manager initials

\_\_\_\_\_

Veterinarian's initials

## Annual Program of Veterinary Care (continued)

Name of facility

Facility license #

### 3) Medical Records

*Describe how treatments, medications and immunizations are documented. Describe how long records are retained; describe how long impound and disposition records are retained.*

### 4) Isolation

*Describe your provisions and procedures for isolation of incoming or sick animals.*

### 5) Diseased or deformed animals

*Detail the protocol for the sale or adoption of diseased animals &/or deformed animals, including any health guarantees or refunds.*

Owner/manager initials

\_\_\_\_\_

Veterinarian's initials

## Annual Program of Veterinary Care (continued)

Name of facility

Facility license #

### 6) Veterinary Care

*Detail your protocol for providing adequate veterinary care. Ill or injured animals subject to 19A-32.1 that are not deemed to be seriously ill or injured are to be provided with adequate veterinary care. Animals not subject to 19A-32.1 are to be provided with adequate veterinary care or euthanized.*

### 7) Emergency Veterinary Care

*Detail your protocol for providing emergency veterinary care.*

### 8) Surgical Veterinary Care

*If surgical veterinary care is provided, detail your protocol for providing surgical veterinary care.*

**9) Euthanasia**

- ☐ This facility does not perform euthanasia.  
☐ This facility does perform euthanasia.

I certify that the facility named above has implemented this program of veterinary care and that the veterinarian named above assisted in its development.

\_\_\_\_\_  
Signature of owner or authorized agent (required)

\_\_\_\_\_  
Date

As the veterinarian listed on this form I have discussed these areas of the Program of Veterinary Care with the owner or authorized agent. I am not responsible for any procedures implemented or the direct care of animals at this facility. Veterinary Care is provided to animal at the request of the facility owner or authorized agent. I will notify the Animal Welfare Section in writing within 5 working days if the veterinarian/client relationship is terminated.

\_\_\_\_\_  
Signature of veterinarian (required)

\_\_\_\_\_  
Date

## NOTICE

A license is not transferrable. When there is a transfer of ownership, management or operation of a business ... (they) shall have 10 days from such sale or transfer to secure a new license... A licensee shall promptly notify the director of any change in the name, address, management or substantial control of his business or operation. GS 19A-31. Notify this office of any additions to the facility.